Winnie Care (Ashlea Court Grimsby) Limited

Ashlea Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Ashlea Court Care Home is registered to provide nursing and personal care for up to 48 older people. The home was purpose built and has been extended. Accommodation is provided over two floors with both stairs and lift access to the first floor. Local facilities and amenities are within walking distance.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 28 May 2013 and was found to be compliant with all of the regulations inspected.

The registered manager and senior management team completed quality checks on areas such as the

Summary of findings

environment, medicines and records. We found this had not been effective and had missed areas that required improvement. Also we found people's care plans were not written in a person centred style, some had not been updated to reflect changes in needs and not everyone who used the service had plans of care to support all their needs. This meant staff may not have guidance in how to meet people's needs, staff may not support people in the way they preferred and there was a risk important care could be missed.

These issues meant the registered provider was not meeting the requirements of the law regarding monitoring the quality of the service and assessing and planning care for people. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff completed safeguarding training and knew what measures to take to help to protect people from the risk of abuse or harm. Risk assessments were completed, although we found these lacked some important information to guide staff in how to minimise risk which the registered manager confirmed they would address.

People received their medicines as prescribed and they were held securely. The registered manager told us they were reviewing the storage arrangements so medicines were stored at safe temperatures.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection there were no DoLS authorisations in place and the service was waiting for assessments and approval of the six applications they had submitted.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff mostly followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made. Improvements were needed with the assessment and recording of decisions about the use of bed rails and for decisions about resuscitation.

Our observations showed staff were attentive to people's needs and were always available. People who used the service told us there were enough staff on duty who would respond quickly to their requests or needs. There were recruitment systems in place that would ensure all employment checks were carried out prior to staff starting work at the service.

Staff approach was seen as caring; they took time to speak to people, they respected privacy and dignity and they involved them in day to day decisions. Staff had developed positive relationships with people and their families. We saw people were encouraged to participate in activities, to maintain their independence and to access community facilities.

People felt able to raise concerns and the registered manager was available for people who used the service, their relatives and staff to talk to. People's views were sought in meetings and via questionnaires about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People who used the service were protected from the risk of harm and abuse. Staff had completed training and knew what to do if they had any concerns. Risk assessments were completed although we found these could contain more information to guide staff in how to minimise risk.

People received their medicines as prescribed. The registered manager was to review storage arrangements for medicines to ensure they were stored at safe temperatures.

There were sufficient staff to meet people's needs. Staff were recruited safely.

Is the service effective?

Requires improvement

The service was not always effective.

People were able to make their own choices and decisions. When people were assessed as lacking capacity to make their own decisions, the registered manager mostly worked within the principles of the Mental Capacity Act 2005. We found capacity assessments and best interest meetings had been completed in some cases but not all.

Staff received appropriate training and support. Improvements were being made to the staff supervision programme.

People accessed a range of health professionals to ensure their day to day health needs were met. People's nutritional needs were met and they told us they enjoyed the meals provided for them.

Is the service caring?

Good

The service was caring.

We observed positive interactions between staff and the people who used the service. People were treated in a kind and caring manner and were encouraged to be independent.

We saw people's privacy and dignity was supported.

Is the service responsive?

Requires improvement

The service was not always responsive.

Although staff knew people's needs well, their care plans were not written in a person centred style. This meant they did not guide staff sufficiently about what was important to the person, how best to support them, and what their likes, dislikes and preferences were. Not every person had a plan of care to meet all their needs and some plans needed updating.

Summary of findings

People had the opportunity to participate in activities in the service and were also encouraged to access local community facilities.

There was a complaints procedure and people knew about this and felt able to raise concerns in the belief they would be addressed.

Is the service well-led?

Requires improvement

The service was not always well-led.

The registered manager completed a series of checks and audits but these had not been fully effective in picking up shortfalls in the environment and records. Action plans had not been completed to address issues.

The system of surveys for people who used the service, relatives, staff and other visitors required improvement to make sure the views of more people were captured about the running of the service. We found the management team supported an open culture.

On-going difficulties with the recruitment of qualified staff had led to the decision to change the registration of the service and not continue to provide care for people assessed as requiring nursing care.

Ashlea Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 & 9 April 2015 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by a second inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the required timescale. We also received information from North East Lincolnshire clinical commissioning group (CCG) and we contacted the local safeguarding of vulnerable adults team for information.

At the time of our inspection visit there were 42 people living at Ashlea Court .We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we observed how staff interacted with people who used the service. We spoke with ten people who used the service and nine relatives. We spoke with the registered manager, the administrator, senior manager, one member of qualified staff, three care workers, the cook, a student on placement and the activity co-ordinator. We also spoke with six visiting health care professionals.

We looked at six people's care records. We looked at 20 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf. We looked at a selection of documents relating to the management and running of the service. These included three staff recruitment files, the training record, the staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits and maintenance of equipment records. We completed a tour of the premises.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living in Ashlea Court. They said staff answered call bells quickly and they received their medicines on time. Comments included, "I'm happy and contented and feel safe", "I feel safer here than at home", "There's always plenty of staff on, you don't have to wait when you ring the bell" and "I have my tablets on time each morning and evening."

A relative told us, "Staff always treat people properly, I have no worries there." People's comments about the staffing arrangements were mostly positive. Comments included, "Yes, always able to find a member of staff if needed, for example to move my relative's position", "They have a lot to do, but there seems to be enough on, always have time to stop and chat", "Yes, I think there's enough staff, they seem to be very organised in their duties" and "Generally yes, although I feel they have a massive workload. Also, Dad is mainly bedbound and I wonder how often he is looked in on apart from 'duties'."

Records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. Medicines were stored in two clinical rooms on the ground floor; records showed the temperature of the main storage area regularly exceeded the maximum recommended level. There was no temperature monitoring of the second storage room. The registered manager explained how they were looking into ways of improving this, including re-siting the storage rooms.

We checked the storage and records for controlled medicines and found this was safe and satisfactory. Checks of the medication administration records (MARs) showed a number of gaps where there was no signature to support administration or code used to identify the reason for non-administration. We also found the standard of some hand written records to be inconsistent; for example not all signatures were witnessed to confirm accuracy. The registered manager confirmed they had identified these issues and put measures in place to make improvements, but the new monitoring systems were not effective. Staff explained to people what medicines they were taking and offered extra prescribed medicines where appropriate, such as pain relief. Records showed people's medicines were reviewed regularly by their GP.

Staffing rotas showed there were at least seven care workers on duty in the mornings, six in the afternoons and three on night duty. During the days of the inspection there were ten staff on duty, this included students from a local college on work placement. There were twelve people with nursing needs and one member of qualified staff was on duty each shift. In addition, the service employed domestic, catering, administration and maintenance staff which enabled the qualified and care staff to focus on people's care needs. We observed staff were not rushed and routines during both days were calm and paced. Care workers confirmed the staffing levels were sufficient.

The registered manager had experienced difficulties in recent weeks in providing a member of qualified staff on some shifts. Records showed there had been a shortfall of qualified staff for two hours on one shift in March 2015. This was due to a shortfall of qualified staff employed at the service, difficulties in the recruitment of qualified staff and requests for cover from agency staff had not always been successful. North East Lincolnshire Clinical Commissioning Group(NELCCG) were now providing additional support to provide nursing staff on an agency basis where necessary, to support any future shortfalls to ensure appropriate levels of qualified staff would be maintained.

Our observations showed staff were attentive to people's needs. Calls bells were answered promptly and we found on most occasions staff were available in the communal areas. Information we received from visiting health and social care professionals identified there were some occasions when they entered the building and staff were not present in the entrance or lounge areas. This meant people's safety could be placed at risk. The registered manager confirmed she had addressed this issue by ensuring a staff presence in these areas; memos had been sent to staff and a meeting had been held with the senior staff to ensure they monitored this carefully. The registered manager confirmed the front door was locked at 6pm and visitors used the doorbell to access the home.

Records showed staff were recruited safely. We saw references had been checked and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

Prior to the inspection we received information that staff had used a chair to block a fire exit door in order to prevent a person who used the service from leaving the home. We

Requires improvement

Is the service safe?

checked all the fire exit doors and found there were no obstructions; all the fire doors were now linked to the alarm system. This alerted staff when people used the external doors and they were able to check if they required assistance. We discussed the fire safety systems with staff who confirmed they would not block fire exits and understood the dangers of this practice. Records showed the registered manager had spoken with staff and sent a memo directing staff to follow the home's safety procedures.

We found equipment used in the home was serviced at regular intervals to make sure it was safe to use. A current five year electrical certificate was not available during the inspection and the registered manager arranged for this test to be scheduled during the inspection. The maintenance person completed checks on bed rails, hot water outlets and fire safety systems. These checks enabled staff to identify issues that required attention and helped to maintain people's safety.

The registered provider had policies and procedures in place to protect vulnerable people from harm or abuse. The majority of staff had received training in safeguarding vulnerable adults from abuse and they were able to describe the different types of abuse that may occur and how to report it. Staff we spoke with all expressed confidence that the management of the service and the registered provider would act appropriately to address any issues. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Care plans contained assessments for identified risks such as pressure damage, malnutrition, falling and the use of equipment such as hoists and bed rails. Although we found these were regularly reviewed, some of the risk assessments lacked some of the steps required to provide staff with full guidance in how to minimise risks and some did not accurately identify the level of risk. The registered manager confirmed after the inspection that they had replaced all the risk assessments to support the safe provision and use of bed rails and was sourcing new falls and moving and handling risk assessment tools.

Staff helped people who used the service to minimise risks to their health and wellbeing. For example, we saw staff supported them to move around safely using equipment such as walking sticks, frames and wheelchairs. Staff used hoisting equipment in a safe way. We saw special mattresses and cushions were available when people were at risk of skin damage to pressure areas. This was in line with the risk assessments and plans in their care records.

Requires improvement

Is the service effective?

Our findings

People told us their health needs were met and they were able to access health professionals when required. Comments included, "I have visits from an optician and a chiropodist as well as regular visits from my GP" and "The staff will arrange for the doctor to call if you are unwell, they sort things straight away." People's relatives told us, "Yes, Dad's health seems well monitored and extra medical input sought when needed."

People also told us they liked the meals provided. Comments included, "The food's very good. It suits me", "We get good food and plenty of it", "Good choice, they will always make you something else if you don't want what's on the menu. The meals are always hot and tasty." One person told us that his GP was concerned that he had lost weight. As a result the staff had monitored his weight and ensured that his diet was adjusted. He said he was now putting on weight.

Comments from relatives indicated they were satisfied with the quality of the meals and there had been some recent improvements with the soft diets. These included, "Has a soft diet, which is varied, he eats well", "[Name] says their enjoyment of the meals can vary, but they seem fairly healthy on them. Always two choices of meals", "Choices of meals have improved recently after discussions" and "Very mixed, had many disputes in the past. If you are well and able, the kitchen staff go out of their way to provide what you want. However, recently things have improved for my relative."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Training records showed the majority of staff had received training in the principles of MCA. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

When people had been assessed as being unable to make complex decisions, there were completed capacity assessments and records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. However, we saw capacity assessments and best interest meetings had not always been recorded to support decisions around the use of bed rails and resuscitation. The registered manager confirmed she would follow this up.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection. The registered manager and records confirmed six applications had been submitted to the local authority and one person had recently been assessed and they were waiting for the outcome decision. Records showed the registered manager had completed training in MCA and DoLS and understood to notify CQC of all decisions once authorised.

Visiting health professionals said, "My patients receive a good standard of care here. Staff follow instructions well and make appropriate referrals. They have a good knowledge of people's changing needs", "Patients are well cared for and happy" and "Staff report any concerns appropriately. They support our visits well and provide any assistance we need." Care files showed people who used the service had access to a range of health and social care professionals; this included, community psychiatric nurses, chiropodists, opticians, physiotherapists and dieticians when required.

The training matrix record showed staff had access to training considered to be essential by the registered provider. This included fire safety, health and safety, first aid, infection prevention and control, moving and handling, basic food hygiene, safeguarding vulnerable people from abuse, Mental Capacity Act 2005 (MCA) and medicines management. There was additional training such as person centred care, end of life care, dementia awareness, dignity in care, nutrition and prevention of pressure damage which some staff had attended.

Although safeguarding adults from abuse was covered in the induction training for all new staff, we found a small number of the ancillary staff had not completed the full course; this was arranged during the inspection. Similarly with the annual fire safety refresher course, there had been a delay in arranging this which was addressed by the registered manager during the inspection and sessions were arranged for the end of the month.

Requires improvement

Is the service effective?

Staff told us they had good access to training, they said, "I've done a lot of training, recently I completed distance learning courses in medicines and common health conditions" and "Training equips me well. We always learn something new each year."

Staff were able to describe how elements of their training were embedded within their work. For example, staff described the ways in which they should seek people's consent and how to communicate effectively with people. We found 18 of the care staff had completed a nationally recognised qualification and further staff were completing this.

Records showed all the care and qualified staff had received an appraisal in the last year. We found some staff had not received regular supervision with their line manager but the registered manager had scheduled new programmes and confirmed they would be monitoring these closely. Staff were supported by the registered manager through monthly team meetings; these were used as a forum to discuss changes to care needs, training, feedback from visiting agencies and families. A member of staff we spoke with said, "We have regular meetings, they are informative. The minutes are printed and put up." They added, "The manager is really supportive and has introduced a senior role to help the care staff."

Information about the day's menu was written on a board in the dining area and the week's menu was displayed around the home. We observed the lunchtime service for people on both days and found this was calm and unhurried. Mealtimes were a positive experience for people; we saw them enjoying their meals and chatting with other people and staff. Staff were attentive and provided discreet support where necessary.

People had a choice of options for each meal; we also saw people requested other meal alternatives not on the menu, such as sandwiches and burgers which were readily provided. The cook showed us they received information in relation to people's dietary requirements including likes and dislikes. They explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. The registered manager confirmed improvements had been made to the range of soft diet meals; records of the kitchen staff meetings showed this had been discussed.

People's weights were recorded each month; there had been some fluctuations in recent weeks due to the provision of new scales. There was evidence staff had followed this up but not always recorded this clearly. Care records demonstrated how the staff involved dieticians and speech and language therapists to meet people's nutritional needs.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well and respected their dignity and privacy. Comments included, "It must be the best place in the country", "I think it's wonderful. They cater for everyone. I feel at home", "It's as good as it gets, I'm sure there's not a better home", "The staff are very helpful. You don't need to ask, they anticipate what you want" and "The girls are great, I get on with them all." One person told us there was one particular member of staff who knew they liked to bathe daily and supported them with this. They said, "Staff are very friendly and I'm never embarrassed."

When we asked people's relatives if staff were sensitive, caring and compassionate with their family member, they told us, "Yes, the staff are very friendly and my relative interacts with them, more than with his family!", "Exceptionally so. A real strength of this home", "All family members are very happy with the care provided, staff are very kind and considerate", "Yes, especially now they have got to know him and his changing needs" and "The staff are a super, hard working group of people."

We observed positive interactions between the registered manager and staff and people who used the service. One member of staff was observed comforting a person who was experiencing some distress and others were very patient sitting and chatting with people. We observed staff communicated with people effectively; they positioned themselves well and used positive body language such as holding people's hands, stroking their arm and kneeling to speak with people who were sitting down.

Staff had good knowledge of people's needs, and observations showed staff had developed positive relationships with them, engaged with them as they walked by, stopped to talk and provided reassurance when necessary. In discussions with staff, they demonstrated a caring approach and described how they assisted people to be independent and to make their own choices. They told us, "Anything they can do, I try and get them to do, people can fluctuate from day to day" and "One person struggles to make a decision so we write things down so they can understand the options to choose from." We spoke with a college student and they confirmed they had learnt how to put the value of person centred care into practice during their work placement. They gave an example of how one person who could not stand still preferred their shoes on when being transferred from their bed to the chair and how staff ensured this was carried out.

We observed staff promoted privacy, dignity and respect during their interactions with people who used the service. One member of staff said, "It's what we do well here." Staff described how they respected privacy by knocking on doors prior to entering, by providing personal hygiene care in a sensitive way and being mindful of people's possessions and the way they liked to use their personal space. We observed this during the inspection. We found telephone conversations with health professionals or relatives were held in private to prevent them from being overheard. Staff kept information and records secure.

People and their families received regular information about the service by the way of notice boards, resident and relative meetings and a monthly newsletter. We found one notice board provided information for people about dignity in care and there were comments from people who used the service and staff about what dignity meant to them. One person had commented, 'Keeping yourself nice, self-esteem, privacy and treating people how you would be treated yourself.'

There were meetings for people who used the service and relatives. We saw issues such as activities, meals, a discussion about any concerns and an exchange of information took place at these meetings.

The registered manager confirmed advocacy services were accessed for people where necessary and one person had used this support recently to help them make a decision about living at the service. We found information in the entrance area in relation to Independent Mental Capacity Advocacy (IMCA) services but not general advocacy services, which we mentioned to the registered manager to address.

Some people's care records contained detailed information about the care they would prefer to receive at the end of their lives and who they would like to be involved in their care; these showed people who used the service, their families and representatives had been involved where possible. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life. During the inspection we spoke with a MacMillan Nurse who visited the home on a regular basis. They considered the

Good

Is the service caring?

registered manager knew people's needs very well and usually made appropriate referrals to their team. They confirmed the staff provided good standards of end of life care and were welcoming of their input and guidance.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us they could make choices about aspects of their lives. They said they could choose when to get up and go to bed, how to spend their time, what activities to participate in and when and where they went in the community. They also said they would be able to raise concerns or complaints with staff. Comments included, "They are happy to let me be independent", "I prefer to sit in the hall or my room. I can come and go as I please", "I join in with some of the activities and it breaks up the day a bit. There's always someone to have a chat with", "I like the bingo and play cards sometimes", "I'd talk with Kelly [the registered manager] if there was a problem with something" and "Not had to complain, very happy with everything here."

Relatives told us they were informed about activities and entertainments and invited to participate. Some relatives of people with more complex needs considered their family member would benefit from more one to one time with the activity coordinator and staff. One relative told us, "Activities are for the more able. I would like chatting with all residents to be given more time. I would like more music to be played in the public rooms."

Relatives mostly told us their concerns and complaints were dealt with effectively. They said, "Occasionally I raise minor issues, they are looked into thoroughly and sorted; I'm kept well informed about the outcome", "Any minor problems have been dealt with efficiently" and "Yes, Kelly[the registered manager] listens and always rectifies the problem." One person's relative told us, "It doesn't always feel easy or comfortable to say things or raise issues and no-one likes to feel they are complaining or fussing." This last comment we passed to the registered manager during the inspection to consider and look into.

People's family members considered their relatives received a good standard of care. Their comments included, "Care is of a high standard" and "Many staff go above and beyond their duties in caring for dad." Despite the positive comments from people who used the service and their relatives about the quality of care support, we found the recording in the care files was inconsistent.

We looked at six care files. People who used the service had their needs assessed and plans of care were developed. The assessment record was brief and gave a limited overview of the person's needs and admission information. We found life history information was contained in the care files and gave staff some understanding of the values and preferences of people they supported. However, we found the majority of the care plans were written in a 'clinical' style and did not include person centred information about what was important to the person, how best to support them, and what their likes, dislikes and preferences were. Despite the gaps in information in the care plans we found staff were very knowledgeable about people's needs and could describe the support required to meet them, which allowed them to provide a person centred approach to each person's care. One person who used the service told us, "They all know how I like my care support, they make every effort to get things right."

We found care plans had been put in place to support the majority of people's needs. However, we found some people's needs had not been fully planned or updated when their needs had changed. This meant there was a risk they may not receive all the support they needed and in the way they preferred. For example, one person's daily records showed they had sustained some pressure damage, however we found the care plan and associated risk assessment had not been updated to reflect this change. It was not clear from the records if the pressure damage required dressings and how the wound was progressing. During the inspection a member of staff contacted the relevant community nurse to obtain information about the condition of the wound so the records could be updated.

In another person's records, we found they had problems with excess saliva production and limb spasms. But these areas of need had not been identified on their care plans although they were receiving treatment, support and health care professionals had recently carried out an assessment on request from the service. We also found one person demonstrated behaviour which challenged the service when they regularly tried to leave the building to go home. Although an application for an authorisation to lawfully prevent the person from leaving the service had been applied for, the person's care plan had not been updated to include their current behaviours, strategies to deal with these and the close observations staff were carrying out. During the inspection we observed staff provided positive distraction techniques and were able to engage the person in meaningful activities when they became unsettled.

Requires improvement

Is the service responsive?

These shortfalls in designing person centred care plans to meet people's care needs meant there was a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the registered provider to take can be found at the back of this report.

We saw there were activities for people who used the service to participate in and these were displayed on the notice board. They included: hand massage and manicures, cards, dominoes, Bingo, baking, craft, reminiscence and newspaper discussions about current events. Records showed entertainment was arranged monthly and there were regular outings in the home's minibus for lunch, coffee and ice cream. We saw people had participated in a virtual holiday week, where staff had organised meals, decoration and activities to take place in various British holiday destinations such as Blackpool, Scarborough and Devon. People who used the service told us how much they had enjoyed these activities. Staff described how successful the event had been and confirmed they were currently planning a new themed day to celebrate summer.

The activity co-ordinator was employed for 27 hours a week and most of these hours were dedicated to supporting people's social needs. They confirmed they provided activities which were tailored to people's needs. They had started a photo record of the recent activities and events arranged which people and their families could enjoy looking through. The activity co-ordinator described their plans to start a 'coffee shop' in the large lounge area which was seldom used and how this may encourage some people to use this facility and to socialise more. During the inspection we observed people participating in activities such as: chess, draughts, cards and listening to music. Some people were supported to go out for a walk to the village. There were monthly church services for people to attend if they chose to.

Staff produced a monthly newsletter for people who used the service and their relatives. This contained information about group activities such as visiting entertainers and people's birthdays.

People who used the service told us they would know how to make a complaint if necessary. They said the registered manager and the staff were responsive and understanding of any concerns they may have. Information about how to make a complaint was displayed throughout the service. The complaints file showed there had been no formal complaints received in the last 12 months; people's concerns were investigated and responded to appropriately. We were also shown the service's compliments file which contained many letters and cards of thanks and gratitude, often praising the staff for their caring attitude.

Requires improvement

Is the service well-led?

Our findings

People who used the service considered the home was well managed. One person said, "We see the manager all the time, she is very approachable and oversees everything. I think she does a good job given the size of the place." Another person said, "It does exactly what it says on that sign there!" The sign read: 'Ashlea Court aims to provide the best quality care in a welcoming safe and homely environment.'

Relatives told us they had seen improvements in management of the service in recent times. Comments included, "Huge improvements in the last year in terms of organisation of staff and monitoring and recording of resident's health" and "I feel things have improved in the home's running and operation in the last 18 months. It feels less cluttered and more efficient."

Despite the positive comments from staff and relatives about the service, we found there were improvements required with some of the management and administration systems. There were systems in place to assess and monitor aspects of the quality of the service provided, but we found some of these were not effective.

We found supplementary care monitoring records were not always up to date. For those people who had been identified by staff as being at risk of dehydration, their fluid intake was not always recorded accurately. We also found gaps in the repositioning records for people at risk of sustaining pressure damage and bowel monitoring records had not been maintained accurately. This meant there was a risk the person's health and care needs may not be reviewed properly and they may not receive the care and treatment they require. We found there were no checks carried out on the quality and accuracy of recording in these documents.

Audits of care plans were completed but these were not comprehensive and focused more on whether the records were in place rather than the quality of recording. The registered manager confirmed they were trying to make improvements with recording shortfalls on the medication administration records (MARs) and this issue was long standing. However, we found these omissions in recording had not been identified through audit and no regular audit checks were in place to monitor and drive improvements. Medicine audits were completed in May and November 2014 and did not identify any recording issues.

Environmental audits were completed but we found they did not identify the decoration of some parts of the home had a tired look; areas included some of the furniture and carpets. The audit focused on the communal areas and did not include individual bedrooms. There was no redecoration or refurbishment plan, although there was evidence that corridors were being redecorated and a new assisted bathing system had been installed. A structured plan was required to improve and maintain standards.

We found some surveys had been sent out in the last year and covered topics such as privacy and dignity, food and mealtimes, entertainment and laundry. The results showed the response to the surveys was poor. Although the results showed mainly positive comments were received, where concerns or shortfalls were identified these had not been addressed through action plans. For example, in the laundry survey 100% of respondents said their clothes were clean and labelled but 25% indicated they had lost clothing and we found no action plan had been developed to support improvement. There were no surveys for staff or professional visitors.

The lack of an effective quality monitoring programme and shortfalls in the maintenance of complete and accurate care records meant there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the registered provider to take can be found at the back of this report.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. A quarterly analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. Records showed people who used the service had few accidents.

The registered provider had recently taken the decision to cancel their registration to provide nursing care at the service. This was due to on-going difficulties in recruiting qualified staff and providing sufficient qualified staff to cover all the shifts. The registered provider had formally

Requires improvement

Is the service well-led?

informed all the people who used the service and their relatives of this decision and were currently working with the commissioning authorities to have people's needs assessed and support the decisions to find new placements where necessary.

The registered manager confirmed they were in regular contact with the registered provider via telephone, although representatives of the registered provider made few visits to the service. The registered manager was supported by two senior managers and an administrator who had responsibilities for areas such as: payroll, personal finances, quality assurance and training. Discussions with the registered manager identified that none of the senior management team worked on a Friday, which meant there was no management support and oversight on this day. Following the inspection the registered manager confirmed they had changed their working days and would be working on a Friday from the end of April 2015.

Care workers told us the registered manager was supportive and they had monthly staff meetings. Comments included, "Definitely supports the staff, she has really helped me. Available 24/7; listens to suggestions and listens to us."

We found there were some staff incentives at the service such as 'employee of the month.' People who used the service and their family nominated staff for a monthly recognition award by completing pink comment cards. Relatives we spoke with considered this was very positive and worthwhile. We read some of the comments posted by people which included, "For taking time out to pamper and give a fab hairstyle" and "I asked (Name) if they would sort out a little problem for me and they did it straight away, very efficiently and with great kindness to mum. Excellent." Staff we spoke with appreciated the feedback and nomination.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who used the service were not protected against the risks of receiving care that was inappropriate and did not meet their needs and preferences. This was because people's care plans were not written in a person centred style and not every person had a plan of care to meet all their needs and some plans required updating. Regulation 9 (1) (a), (b) and (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service were not protected against the risks of inappropriate or unsafe care. This was because the system designed to assess and monitor the quality of the service was not effective and supplementary care records were not complete and accurate of the care provided. Regulation 17(1) (2) (a) and (c).